

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST <b>LESTER</b> MI <b>E</b> NICKNAME LAST SUFFIX <b>LES LESKOVEN</b>	<b>OFFICE USE ONLY</b>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>1555 PRINCETON DR CORSICANA TX 7510</b>	Date Received <b>APR 03 2025</b> <b>MUR 1:42pm.</b>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(903) 654-2908</b>	Date Hand-delivered or Date Postmarked <b>4-3-25</b>	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI <b>KAREN E</b> NICKNAME LAST SUFFIX <b>LESKOVEN</b>	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>1555 PRINCETON DR CORSICANA TX 75110</b>	Date Processed	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(903) 851-4960</b>	Date Imaged	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    Month Day Year <b>2 / 12 / 25</b> THROUGH <b>4 / 3 / 25</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>5 / 3 / 25</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <b>CITY COUNCIL PRET 4</b>	
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
			COMMITTEE ADDRESS
			COMMITTEE CAMPAIGN TREASURER NAME
			COMMITTEE CAMPAIGN TREASURER ADDRESS

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b> <u>LES LESKOVEN</u>		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>4,850</u>
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>4,243.62</u>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>2,328.62</u>
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

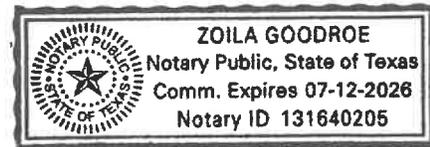
**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Les Leskoven

Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Les Leskoven this the 3 day of April.

20 25, to certify which, witness my hand and seal of office.

Zoila Goodroe Zoila Goodroe AVP Senior Administration  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

19 FILER NAME <i>LES LESROVEN</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>4,850</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>2,328.62</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>1,915.10</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>LES LESKOVEN</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/18/25</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BYRON COOK</b>	7 Amount of contribution (\$) <b>\$1,000</b>
6 Contributor address; City; State; Zip Code [REDACTED] <b>CORSICANA, TX 75110</b>		
8 Principal occupation / Job title (See Instructions) <b>INVESTMENTS</b>		9 Employer (See Instructions)
Date <b>2/18/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TIM STITES</b>	Amount of contribution (\$) <b>\$500</b>
Contributor address; City; State; Zip Code [REDACTED] <b>CORSICANA, TX 75110</b>		
Principal occupation / Job title (See Instructions) <b>BANKER</b>		Employer (See Instructions) <b>COMMUNITY NATL BANK</b>
Date <b>2/18/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>KC WYATT</b>	Amount of contribution (\$) <b>\$250</b>
Contributor address; City; State; Zip Code [REDACTED] <b>CORSICANA, TX 75110</b>		
Principal occupation / Job title (See Instructions) <b>RETIRED BANKER</b>		Employer (See Instructions)
Date <b>2/18/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TIM COOPER</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address; City; State; Zip Code [REDACTED] <b>FAIRFIELD TX 75840</b>		
Principal occupation / Job title (See Instructions) <b>RETIRED TRUCK FARMER</b>		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>LES LEGROVEN</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/18/25</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>GINNE DAVIS</b>	7 Amount of contribution (\$) <b>\$250</b>
6 Contributor address; City; State; Zip Code [REDACTED] <b>CORSICANA TX 75110</b>		
8 Principal occupation / Job title (See Instructions) <b>HOME MAKER</b>		9 Employer (See Instructions)
Date <b>2/27/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SUSAN STITES</b>	Amount of contribution (\$) <b>\$400</b>
Contributor address; City; State; Zip Code [REDACTED] <b>CORSICANA TX 75110</b>		
Principal occupation / Job title (See Instructions) <b>RETIRED TEACHER</b>		Employer (See Instructions)
Date <b>2/27/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>HASKELL DIGHTON</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address; City; State; Zip Code [REDACTED] <b>CORSICANA TX 75110</b>		
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)
Date <b>3/6/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LESA + ATWELL GOINS</b>	Amount of contribution (\$) <b>\$500</b>
Contributor address; City; State; Zip Code [REDACTED] <b>CORSICANA TX 75110</b>		
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>LES LESKOVEN</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/6/25</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CL BROWN III</b>	7 Amount of contribution (\$) <b>\$500</b>
6 Contributor address; City; State; Zip Code [REDACTED] <b>CORSICANA TX 75110</b>		
8 Principal occupation / Job title (See Instructions) <b>RETIRED</b>		9 Employer (See Instructions)
Date <b>3/2/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JAROD GORDON</b>	Amount of contribution (\$) <b>\$50</b>
Contributor address; City; State; Zip Code [REDACTED] <b>CORSICANA TX 75110</b>		
Principal occupation / Job title (See Instructions) <b>BANKER</b>		Employer (See Instructions) <b>COMMUNITY NATIONAL BANK</b>
Date <b>3/12/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JOE ERWIN</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address; City; State; Zip Code [REDACTED] <b>CORSICANA, TX 75110</b>		
Principal occupation / Job title (See Instructions) <b>RETIRED BANKER</b>		Employer (See Instructions)
Date <b>3/17/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>GARY + KATHY NEASE</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address; City; State; Zip Code [REDACTED] <b>CORSICANA TX 75110</b>		
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>LBS LEFKOVEN</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/17/25</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>GARY + MARY SUMMERALL</b>	7 Amount of contribution (\$) <b>\$750</b>
6 Contributor address; City; State; Zip Code [REDACTED] <b>CORSICANA TX 75110</b>		
8 Principal occupation / Job title (See Instructions) <b>RETIRED / CLINIC DIRECTOR</b>		9 Employer (See Instructions) <b>KENTE. ROGERS CLINIC</b>
Date <b>3/17/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ZOILA GOODRBE</b>	Amount of contribution (\$) <b>\$50</b>
Contributor address; City; State; Zip Code [REDACTED] <b>0025 CORSICANA TX 75110</b>		
Principal occupation / Job title (See Instructions) <b>BANKER</b>		Employer (See Instructions) <b>COMMUNITY NATIONAL BANK</b>
Date <b>3/25/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SUSAN STITES</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address; City; State; Zip Code <b>5 [REDACTED] CORSICANA, TX 75110</b>		
Principal occupation / Job title (See Instructions) <b>RETIRED TEACHER</b>		Employer (See Instructions)
Date <b>4/125</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RANDY + JOY DILL</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address; City; State; Zip Code [REDACTED] <b>CORSICANA TX 75110</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                                                                            |                               |                                |                                            |
|----------------------------------------------------------------------------|-------------------------------|--------------------------------|--------------------------------------------|
| Advertising Expense                                                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                                                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                                                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment                                                        | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
- The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>LES LESKOVEN</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>2/21/25</b>	5 Payee name <b>GREENWORX</b>	
6 Amount (\$) <b>\$1,700.99</b>	7 Payee address; <b>[REDACTED]</b>	City; State; Zip Code <b>CORSICANA TX 75110</b>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	(b) Description <b>YARD SIGNS</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>3/5/25</b>	Payee name <b>GREENWORX</b>	
Amount (\$) <b>\$285.59</b>	Payee address; <b>[REDACTED]</b>	City; State; Zip Code <b>CORSICANA TX 75110</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>	Description <b>FLYERS</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>3/11/25</b>	Payee name <b>GREENWORX</b>	
Amount (\$) <b>\$342.04</b>	Payee address; <b>[REDACTED]</b>	City; State; Zip Code <b>CORSICANA TX 75110</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	Description <b>SHIPPING FOR YARD SIGNS</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <i>1</i>	<b>2</b> FILER NAME <i>LES LESKOVEN</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>2/14/25</i>	<b>5</b> Payee name <i>NAVCO CHRONICLE</i>	
<b>6</b> Amount (\$) <i>\$1,440</i> <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <i>[REDACTED] CORSICANA TX 75110</i>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	<b>(b)</b> Description <i>NEWS PAPER</i>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>3/17/25</i>	Payee name <i>NAVCO CHRONICLE</i>	
Amount (\$) <i>475</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>[REDACTED] CORSICANA TX 75110</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	Description <i>NEWS PAPER</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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